N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 24 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20298

1. PLACE OF DEATH

54 County Livingston — Registration District No. 508 — File No.

Township — Primary Registration District No. 3026 — Registered No. 67

City Chillicothe (No. ..... St. ..... Ward)

2. FULL NAME Alfred Hertig

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8 - 1901

7. AGE — YEARS 34 — MONTHS 4 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayland Iowa

FATHER

13. NAME John Hertig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER

15. MAIDEN NAME Susanna Roth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Rosie Hayes Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jones Cem DATE June 4 1935

19. UNDERTAKER (ADDRESS) Jas D Gordon Chillicothe Mo

20. FILED June 3 1935 Donald M. Daniel, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1935, to June 1, 1935. I last saw him alive on June 1, 1935. Death is said to have occurred on the date stated above, at 10:38 a.m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency Dist. Kan. — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? symptoms — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C M Grove, M. D.

(Address) Chillicothe Mo